	CONFINEMEN	IT ORDER		
1. DEDCON TO BE CONFINED			2 DATE	: (YYYYMMDD)
1. PERSON TO BE CONFINED		CCN	Z. DATE	. (TTTTIVIIVID)
a. NAME (Last, First, Middle)	b.	SSN		
c. BRANCH OF SERVICE d. GRADE	e. MILITARY	ORGANIZATION (Fro.	m):	
TYPE OF CONFINEMENT				
a. PRE-TRIAL NO YES	b	RESULT OF NJP	NO	YES
c. RESULT OF COURT MARTIAL: NO YES				
TYPE: SCM SPCM GCM VACATED SUSPENSION				
4. OFFENSES/CHARGES OF UCMJ ARTICLES VIOLATED:				
5. SENTENCE ADJUDGED:				b. ADJUDGED DATE
e. semense nessebelb.				(YYYYMMDD):
6. IF THE SENTENCE IS DEFERRED, THE DATE DEFERMENT IS TERMINATED:				
7. PERSON DIRECTING CONFINEMENT				
a. TYPED NAME, GRADE AND TITLE:	b. SIGNATURE		c. DA	ΓΕ d. TIME
·			(YY	YYMMDD)
8.a. NAME, GRADE, TITLE OF LEGAL REVIEW	AND APPROVAL	b. SIGNATURE:		c. DATE (YYYYMMDD)
				(**************************************
MEDICAL CERTIFICATE				
9a. The above named inmate was examined by me at on and found to be Fit Unfit				
(Time) (YYYYMMDD)				
for confinement. I certify that from this examination the execution of the foregoing sentence to confinement				
will will not produce serious injury to the inmate's health.				
h. The following irregularities were noted during the examination (If none constate).				
b. The following irregularities were noted during the examination (If none, so state):				
LINATE A LANGE AND				
c. HIV Test administered on (YYYYMMDD)	):			
d. Pregnancy test administered on (YYYY	MMDD):	N/A		
10. EXAMINER				
a. TYPED NAME, GRADE AND TITLE:	b. SIGNATURE		c. DATE	d. TIME
			(YYYYMMDE	<i>)</i> )
RECEIPT FOR INMATE				
11.a. THE INMATE NAMED ABOVE HAS BEEN RECEIVED FOR CONFINEMENT AT:				
(Facility Name and Location)				
ON				
b. PERSON RECEIPTING FOR INMATE	c. SIGNATURE:		d. DATE	e. TIME
TYPED NAME, GRADE AND TITLE:			(YYYYMMDL	0)